Standard Form 86A
Revised September 1995
U.S. Office of Personnel Management
5 CFR Parts 731, 732, and 736

**Your Name** 

## CONTINUATION SHEET FOR QUESTIONNAIRES SF 86, SF 85P, AND SF 85

Form Approved: O.M.B. No. 3206-0007 NSN 7540-01-268-4828 86-203

For use with the SF 86, Questionnaire for National Security Positions; SF 85P, Questionnaire for Public Trust Positions; and SF 85, Questionnaire for Non-Sensitive Positions

INSTRUCTIONS: Use this form to continue your answers to "Where You Have Lived", "Where You Went To School", and/or "Your Employment Activities." Follow the instructions on the form for the particular questions you are answering and give information in the same sequence. Use as many continuation sheets as needed.

**Your Social Security Number** 

|                             | WHERE YOU HAVE                                      | LIVE      | ) (Continue           | ed)  |   |            |           |                   |                    |                  |                       |
|-----------------------------|---|-----------|-----------------------|--|---|------------|-----------|-------------------|--------------------|------------------|-----------------------|
| #1                          | Month/Year Month/Year                               | Street A  |                       |  |   | Apt. #     | City (Co  | ountry)           |                    | State            | ZIP Code              |
| Nam                         | ne of Person Who Knew You                           |           | Stree                 | t Address  | Apt.#                                   | City (Cour | ntry)     | State             | ZIP Code           | Telephoi         | ne Number             |
| #2                          | Month/Year Month/Year                               | Street A  | ddress                |  |   | Apt. #     | City (Co  | ountry)           |                    | State            | ZIP Code              |
| Name of Person Who Knew You |   |           | Stree                 | t Address  | Apt.#                                   | City (Cour | itry)     | State ZIP Code    |                    | Telephone Number |                       |
| #3                          | Month/Year Month/Year                               | Street Ad | ddress                | _  | • | Apt. #     | City (Co  | ountry)           |                    | State            | ZIP Code              |
| Nam                         | ne of Person Who Knew You                           |           | Stree                 | t Address  | Apt.#                                   | City (Coun | try)      | State             | ZIP Code           | Telephor         | ne Number             |
| #4                          | Month/Year Month/Year To                            | Street Ac | Idress                |  |   | Apt. #     | City (Co  | untry)            |                    | State            | ZIP Code              |
| Nam                         | e of Person Who Knew You                            |           | Stree                 | Address  | Apt.#                                   | City (Coun | try)      | State             | ZIP Code           | Telephor         | e Number              |
| #5                          | Month/Year Month/Year To                            | Street Ac | ldress                |  |   | Apt. #     | City (Co  | untry)            |                    | State            | ZIP Code              |
| Nam                         | e of Person Who Knew You                            |           | Street                | Street Address Apt.# City (Country) State ZIP Code |   |            |           | ZIP Code          | Telephone Number   |                  |                       |
| W                           | HERE YOU WENT TO                                    |           |                       | •  |   |            |           |                   |                    |                  |                       |
| #1                          | Month/Year Month/Year To                            | Code      | Degree Diploma Cities |  |   |            |           |                   | Month/Year Awarded |                  |                       |
| Stree                       | et Address and City (Country)                       | of School |                       |  |   |            |           |                   | State              | Z                | IP Code               |
| Nam                         | e of Person Who Knew You                            |           |                       | Street Address                                     | Apt                                     | # City     | (Country) | State             | ZIP Code           | Telephon         | e Number              |
| "                           | Month/Year Month/Year To                            | Code      | Name of School        | ol   |   |            | De        | egree/Diploma/Oth | er                 | Month/Ye         | ear Awarded           |
| #2                          | et Address and City (Country)                       | of School |                       |  | 331.2                                   |            |           |                   | State              | Z                | P Code                |
|                             |   |           |                       | Street Address                                     | Apt                                     | .# City    | (Country) | State             | ZIP Code           | Telephon         | e Number              |
| Stree                       | e of Person Who Knew You                            |           |                       | -  |   |            |           |                   |                    |                  |                       |
| Stree                       | e of Person Who Knew You  Month/Year Month/Year  To | Code      | Name of School        |  |   |            | De        | egree/Diploma/Oth | er                 | Month/Ye         | ear Awarded           |
| Stree                       | Month/Year Month/Year                               |           | Name of School        |  |   |            | De        | egree/Diploma/Oth | er<br>State        |                  | ear Awarded<br>P Code |

| YOUR EMPLOYMENT ACTIVITIES (Continued)   |   | ***                               |                                     |  |   |  |  |
|--|---|-----------------------------------|-------------------------------------|--|---|--|--|
| Month/Year Month/Year Code Employer/Verifier Name/Military D                       | Outy Location                                   |                                   | Your Position Title/Military Rank   |  |   |  |  |
| Employer's/Verifier's Street Address   | City (Country)                                  |                                   | State                               | ZIP Code   | Telephone Number  |  |  |
| Street Address of Job Location (if different than Employer's Address)              | City (Country)                                  |                                   | State                               | ZIP Code   | Telephone Number  |  |  |
| Supervisor's Name & Street Address (if different than Job Location)                | City (Country)                                  |                                   | State                               | ZIP Code   | Telephone Number  |  |  |
| Month/Year Month/Year Position Title   |   | Supervisor                        |                                     | 100 May 100 Ma |   |  |  |
| Month/Year Month/Year Position Title   | Supervisor                                      |                                   |                                     |  |   |  |  |
| To Month/Year Month/Year Position Title  To Month/Year Month/Year Position Title   |   | Supervisor                        | ır                                  |  |   |  |  |
| 10   | Duty Location                                   |                                   | Vous Position Title / Military Post |  |   |  |  |
| Month/Year Month/Year Code Employer/Verifier Name/Military I                       | Duty Location                                   | MARY JACOBS AT AMERICA            | Your Position Title/Military Rank   |  |   |  |  |
| Employer's/Verifier's Street Address   | City (Country)                                  |                                   | State                               | ZIP Code   | Telephone Number  |  |  |
| Street Address of Job Location (if different than Employer's Address)              | City (Country)                                  |                                   | State                               | ZIP Code   | Telephone Number  |  |  |
| Supervisor's Name & Street Address (if different than Job Location)                | City (Country)                                  |                                   | State ZIP Code Telephone N          |  | Telephone Number  |  |  |
| Month/Year Month/Year Position Title   |   | Supervisor                        |                                     |  |   |  |  |
| To  Month/Year Month/Year Position Title  To  Month/Year Month/Year Position Title | Supervisor                                      |                                   |                                     |  |   |  |  |
| Month/Year Month/Year Position Title   | Supervisor                                      |                                   |                                     |  |   |  |  |
| Month/Year Month/Year Code Employer/Verifier Name/Military I                       | Duty Location                                   | Your Position Title/Military Rank |                                     |  |   |  |  |
| To<br>Employer's/Verifier's Street Address   | City (Country)                                  |                                   | State                               | ZIP Code   | Telephone Number  |  |  |
| Street Address of Job Location (if different than Employer's Address)              | City (Country)                                  |                                   | State                               | ZIP Code   | Telephone Number  |  |  |
| Supervisor's Name & Street Address (if different than Job Location)                | City (Country)                                  |                                   | State                               | ZIP Code   | Telephone Number  |  |  |
| Month/Year Month/Year Position Title   |   | Supervisor                        |                                     |  |   |  |  |
| To Wonth/Year Month/Year Position Title  |   | Supervisor                        |                                     |  |   |  |  |
| Month/Year Month/Year Position Title  To  Month/Year Month/Year Position Title     | Supervisor                                      |                                   |                                     |  |   |  |  |
| 10   | Outy Location Your Position Title/Military Rank |                                   |                                     |  |   |  |  |
| Month/Year Month/Year Code Employer/Verifier Name/Military I                       | Duty Location                                   |                                   | Toul Pos                            | Sidon Tide/Milita  | ily Italik  |  |  |
| Employer's/Verifier's Street Address   | City (Country)                                  |                                   | State                               | ZIP Code   | Telephone Number  |  |  |
| Street Address of Job Location (if different than Employer's Address)              | City (Country)                                  |                                   | State                               | ZIP Code   | Telephone Number  |  |  |
| Supervisor's Name & Street Address (if different than Job Location)                | City (Country)                                  |                                   | State                               | ZIP Code   | Telephone Number  |  |  |
| Month/Year Month/Year Position Title   |   | Supervisor                        |                                     |  |   |  |  |
| To  Hand Month/Year Month/Year Position Title                                      |   | Supervisor                        |                                     |  | Alas Taranta de Caracteria de |  |  |
| To Month/Year Month/Year Position Title To Month/Year Month/Year Position Title    | Superviso                                       |                                   | Г                                   |  |   |  |  |
| Enter your Social Security Number before going to the                              | he next page                                    |                                   |                                     | <b>→</b>   |   |  |  |